FORMS REQUEST- FOSTER FAMILY HOMES

FORM NUMBER AND TITLE (Only one master copy will be sent for duplicating purposes. Please refer			(Check ✔ One)		
-	es for additional copies of forms). (*Available in Spanish)	ENGLISH	SPANISH	вотн	
DLIC 198	Child Abuse Central Index Check (For County) *				
LIC 198A	Child Abuse Central Index Check (For State) *				
LIC 308	Designation of Administrative Responsibility *				
LIC 309	Administrative Organization *				
LIC 400	Affidavit Regarding Client/Resident Cash Resources *				
LIC 405	Record of Client's/Resident's Safeguarded Cash Resources *				
LIC 424	Accounting Record for Change of Licensee				
LIC 500	Personnel Report *				
LIC 501	Personnel Record *				
LIC 503	Health Screening Report - Facility Personnel *				
LIC 508D	Criminal Record Statement *				
LIC 601	Identification and Emergency Information *				
LIC 602	Physician's Report For Community Care Facilities				
LIC 603	Preplacement Appraisal Information				
LIC 604	Admission Agreement-Residential Facilities				
LIC 605A	Release of Client/Resident Medical Information				
LIC 610B	Emergency Disaster Plan - Foster Family Homes *				
LIC 613B	Personal Rights *				
LIC 621	Client/Resident Personal Property and Valuables *				
LIC 622	Centrally Stored Medication and Destruction Record *				
LIC 624	Unusual Incident/Injury Report *				
LIC 624A	Death Report				
LIC 625	Appraisal/Needs and Services Plan *				
LIC 627B	Consent for Emergency Medical Treatment for Children's Res *				
LIC 9108	Statement Acknowledging Requirement to Report Suspected Child Abuse *				
LIC 9158	Telecommunications Device Notification Form				
LIC 9163	Live Scan Application *				
LIC 9183	Fingerprint Instructions (For State Licensed Facilities) *				
LIC 9184	Fingerprint Instructions (For County Licensed Facilities) *				
LIC 9194	Live Scan Instructions (For State Licensed Facilities)				
FD 258 (CCL) FBI Fingerprint Card (Not available on Internet)				
	Licensing forms in English may be accessed at http://www.ccld.ca				

Licensing forms in English may be accessed at http://www.ccld.ca.gov Licensing forms in Spanish may be accessed at http://www.ccld.ca.gov

PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX

CDSS Warehouse P.O. Box 980788 West Sacramento, California 95798-0788

Contains printed matter, may be opened for postal inspection. Return postage guaranteed

TOFacility Name		
Facility Address		
City Check One Licensed By: STATE	State COUN	Zip

CUSTOMER'S PHONE NUMBER

Date